

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004522

1. Entity Name

PROJECT STAND, INC.

FILED

Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90068 017 ****70.00

Principal Place of Business

19020 TANGERINE RD
FORT MYERS FL 33912
US

Mailing Address

PO BOX 31
FT MYERS FL 33928
US

2. Principal Place of Business

13141 Corbel Circle *
Suite, Apt. #, etc.
421

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT MYERS FL
Zip 33907 Country USA

City & State

Zip

Country

4. FEI Number

65-0704299

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LEWIS, ROBERT K JR
6237 A PRESIDENTAL
FT MYERS FL 33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DREWS, DENISE ☐ Delete
STREET ADDRESS 19020 TANGERINE RD.
CITY-ST-ZIP FT MYERS FL 33912

TITLE PD
NAME Denise Drews ☒ Change ☐ Addition
STREET ADDRESS 13141 Corbel Circle #421
CITY-ST-ZIP FT MYERS, FL 33907

TITLE SD
NAME CLARK, DAWN ☐ Delete
STREET ADDRESS 17211 CALOOSA TRACE CIR
CITY-ST-ZIP FT MYERS FL 33912

TITLE D
NAME Sharon Hrabak ☐ Change ☒ Addition
STREET ADDRESS 18453 Narcissus Rd.
CITY-ST-ZIP FT MYERS, FL 33912

TITLE VD
NAME KISS, AMY K ☐ Delete
STREET ADDRESS 933 NE 23RD AVE
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE D
NAME Robert Zoldak ☐ Change ☒ Addition
STREET ADDRESS 217 Lake Drive
CITY-ST-ZIP East Hampton, CT 06424

TITLE D
NAME JACKIEWICZ, MONICA ☐ Delete
STREET ADDRESS 525 E. 86TH ST., APT 19BC
CITY-ST-ZIP NEW YORK NY 10028

TITLE T/D
NAME Monica Jackiewicz ☒ Change ☐ Addition
STREET ADDRESS 525 E. 86th St. Apt. 19BC
CITY-ST-ZIP New York, NY 10028

TITLE D
NAME ZOLDAC, MICHELE ☐ Delete
STREET ADDRESS 217 LAKE DRIVE
CITY-ST-ZIP EAST HAMPTON CT 06424

TITLE D
NAME Michele Zoldak ☒ Change ☐ Addition
STREET ADDRESS 217 Lake Dr.
CITY-ST-ZIP East Hampton, CT 06424

TITLE D
NAME MCGRAW, ANNETTE ☐ Delete
STREET ADDRESS 13275 WHITEHAVEN LANE #306
CITY-ST-ZIP FT MYERS FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise Drews
DENISE DREWS

01/08/02 941-437-1658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)